

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS

APPLICATION FOR MARRIAGE/DIVORCE CERTIFICATE

Please Print or Type All Information Required On This Form

Please Circle Type of Record Requested

Full Name of Husband _____

Maiden Name of Wife _____

County in Which: Marriage License Issued Divorce Decree Granted _____

Date of: Marriage Divorce _____
(Month) (Day) (Year)

DO NOT WRITE IN THIS SPACE	
Volume	
Certificate	
Year	
Date	
Searched By	

Name of Applicant

Applicant's Phone Number: _____

A **\$6.00** fee must accompany this application. The fee cannot be returned. If the certificate is on file you will receive one copy. Additional copies are **\$6.00** each. Make check or money order payable to "Kentucky State Treasurer". When complete, mail the entire form to Vital Statistics, 275 East Main Street, Frankfort, Kentucky 40621.

Check Type of Copy Desired:

☐ Marriage - \$6.00 Each Copy – Quantity Desired _____

☐ Divorce - \$6.00 Each Copy – Quantity Desired _____

THIS SECTION MUST BE COMPLETE FOR ALL ORDERS

REQUESTORS INFORMATION:

NAME
MAILING ADDRESS
CITY, STATE, ZIP CODE

